

2001

NR

DELAWARE INDIVIDUAL
NON-RESIDENT
INCOME TAX RETURN
FORM 200-02
and ending _____

DO NOT WRITE OR STAPLE IN THIS AREA

or Fiscal year beginning _____

and ending _____

Your Social Security No. _____

Spouse's Social Security No. _____

(Attach Label Here) **DO NOT COVER SOCIAL SECURITY NUMBERS**

Your Last Name _____

Your First Name and Middle Initial _____

Jr., Sr., III., etc _____

Spouse's Last Name _____

Spouse's First Name _____

Jr., Sr., III., etc _____

Present Home Address (Number and Street) _____

Apt. # _____

City, Town or Post Office _____

State _____

Zip Code _____

FILING STATUS (MUST CHECK ONE)

1. ☐ Single, Divorced Widow(er) 3. ☐ Married & Filing Separate Forms
2. ☐ Joint 5. ☐ Head of Household

Check if FULL-YEAR
non-resident in 2001 ☐Form DE2210 Attached ☐If you were a PART-YEAR resident in 2001, give the dates you
resided in Delaware.From _____ 2001 To _____ 2001
Month Day Month Day

37.	DELAWARE ADJUSTED GROSS INCOME (Enter from reverse side, Line 30B, Column 1).....	37		00
38.	(a) If you elect the STANDARD DEDUCTION check here..... Filing Statuses 1, 3 & 5 - \$3250 Filing Status 2 - \$6500	<input type="checkbox"/>	a.	
	(b) If you elect to ITEMIZE DEDUCTIONS check here and enter amount from reverse side Line 36..	<input type="checkbox"/>	b.	38 00
39.	ADDITIONAL STANDARD DEDUCTIONS (Not allowed with Itemized Deductions - see instructions) CHECK BOX(ES) If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>		39	00
40.	TOTAL DEDUCTIONS - ADD LINES 38 & 39 and enter here.....	40		00
41.	TAXABLE INCOME - Subtract Line 40 from Line 37, and Compute Tax on this Amount.....	41		00
42.	Tax Liability Computation A Line 30 A <input type="text"/> 00 B Line 30 B <input type="text"/> 00 = <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> X <input type="text"/> 00 Proration Decimal (See instructions, page 8) Tax Liability from Tax Rate Table/Schedule Amount	42		00
43a	Personal Credits (See Instructions, page 9) Enter number of exemptions claimed on Federal return _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43a		00
43b	CHECK BOX(ES) Spouse 60 or Over (if filing status 2) <input type="checkbox"/> Self 60 or Over <input type="checkbox"/> Enter number of boxes checked on Line 43b _____ X \$110. = _____ Multiply this amount by the proration decimal on Line 42 (X _____) and enter total here.....	43b		00
44.	Tax imposed by State of _____ (Must Attach Signed Copy of Return) (Part Year Residents Only. See instructions, page 9)	44	00	44
45.	Other Non-Refundable Credits (See instructions, page 9).....	45	00	45
46.	Total Non-Refundable Credits. Add Lines 43a, 43b, 44 and 45.....	46		00
47.	BALANCE. Subtract Line 46 from Line 42. If Line 46 is greater than Line 42, enter "0" (Zero).....	47		00
48.	Delaware Tax Withheld (W-2's and or 1099's Required).....	48	00	48
49.	2001 Estimated Tax Paid & Payments with Extensions.....	49	00	49
50.	S Corporation Payments (Form 1100S/A-1 Required).....	50	00	50
51.	TOTAL REFUNDABLE CREDITS. Add Lines 48, 49, & 50.....	51		00
52.	If Line 47 is more than Line 51, subtract 51 from 47 and enter here.....AMOUNT YOU OWE	52		00
53.	If Line 51 is more than Line 47, subtract 47 from 51 and enter here.....OVERPAYMENT	53		00
54.	CONTRIBUTIONS TO SPECIAL FUNDS A. Non-Game Wildlife <input type="text"/> 00 B. U.S. Olympics <input type="text"/> 00 C. Emergency Housing <input type="text"/> 00 D. Children's Trust <input type="text"/> 00 E. Breast Cancer Educ. <input type="text"/> 00 F. Organ Donations <input type="text"/> 00 G. Diabetes Educ. <input type="text"/> 00 Add Lines A thru G and enter here..... >	54		00
55.	AMOUNT OF LINE 53 TO BE APPLIED TO 2002 ESTIMATED TAX ACCOUNTENTER >	55		00
56.	PENALTIES AND INTEREST DUE. If Line 52 is greater than \$400, see estimated tax instructions.....ENTER >	56		00
57.	NET BALANCE DUE. Enter the amount due (Line 52 plus Lines 54 and 56) and pay in full.....PAY IN FULL >	57		00
58.	NET REFUND. Subtract Lines 54, 55 and 56 from Line 53.....TO BE REFUNDED/ZERO DUE >	58		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

X

Your Signature _____

Date _____

Signature of Paid Preparer _____

Date _____

X

Spouse's Signature (If filing joint) _____

Date _____

Address-Zip Code _____

Home Phone _____

Business Phone _____

Business Phone _____

EIN, SSN, OR PTIN _____

2001 DELAWARE NON-RESIDENT FORM 200-02, PAGE 2

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

		Federal COLUMN 1	Delaware Source Income/Loss COLUMN 2
1.	Wages, salaries, tips, etc.....	00	00
2.	Interest.....	00	00
3.	Dividends.....	00	00
4.	State refunds, credits or offsets of state & local income taxes.....	00	00
5.	Alimony received.....	00	00
6.	Business income or (loss) (See instructions).....	00	00
7a.	Capital gain or (loss).....	00	00
7b.	Other gains or (losses).....	00	00
8.	IRA distributions.....	00	00
9.	Taxable pensions and annuities.....	00	00
10.	Rents, royalties, partnerships, S corps, estates, trusts, etc.....	00	00
11.	Farm income or (loss).....	00	00
12.	Unemployment compensation (insurance).....	00	00
13.	Taxable Social Security Benefits.....	00	00
14.	Other income (state nature and source).....	00	00
15.	Total income. Add Lines 1 through 14.....	00	00
16.	Total Federal Adjustments (See instructions).....	00	00
17.	Federal Adjusted Gross Income for Delaware purposes. Subtract Line 16 from 15.....	00	00

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

		COLUMN 1	COLUMN 2
18.	Interest received on obligations of any state other than Delaware.....	00	00
19.	Fiduciary adjustment, oil depletion.....	00	00
20.	TOTAL - Add Lines 18 & 19.....	00	00
21.	Add Lines 17 & 20.....	00	00

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

		COLUMN 1	COLUMN 2
22.	Interest received on U.S. Obligations.....	00	00
23.	Pension Exclusion/Retirement Exclusion (See instructions).....	00	00
24.	Delaware State tax refund, Delaware Lottery.....	00	00
25.	Fiduciary Adjustment, Work Opportunity Credit, Delaware NOL Carryforward.....	00	00
26.	Taxable Social Security Benefits/Railroad Retirement Benefits/Higher Education Exclusion.....	00	00
27.	TOTAL - Add Lines 22 through 26.....	00	00
28.	Subtract Line 27 from Line 21 and enter here.....	00	00
29.	Exclusion for certain persons 60 and over or disabled (See instructions).....	00	00

30A. **Column 2.** Subtract Line 29 from Line 28. This is your modified Delaware Source Income.

Enter on front side Line 42, Box A.

30B. **Column 1.** Subtract Line 29 from Line 28. This is your Delaware Adjusted Gross Income.

Enter on front side Line 37 and Line 42, Box B.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH FEDERAL SCHEDULE A, FORM 1040)

		COLUMN 1
31.	Enter total Itemized Deductions (See instructions).....	00
32.	Enter Foreign Taxes Paid (See instructions).....	00
33.	Enter Charitable Mileage Deduction (See instructions).....	00
34.	Self-Employed Health Insurance Deduction (See instructions).....	00
34a.	TOTAL - Add Lines 31, 32, 33 and 34.....	00
35a.	Enter State Income Tax included in Line 31 above (See Instructions).....	00
35b.	Enter Form 700 Tax Credits (Charitable Contributions) (See instructions).....	00
36.	Subtract Line 35a and 35b from Line 34a. Enter here and on front, Line 38.....	00

SECTION E - DIRECT DEPOSIT INFORMATION If you would like your refund deposited directly to your checking or savings account, complete boxes a, b and c below. See instructions for details.

a. Routing Number

b. Type: ☐ Checking ☐ Savings

c. Account Number

NET BALANCE DUE (LINE 57):

NET REFUND (LINE 58):

ZERO (LINE 58):

DELAWARE DIVISION OF REVENUE
P.O. BOX 8752
WILMINGTON, DE 19899-8752

DELAWARE DIVISION OF REVENUE
P.O. BOX 8772
WILMINGTON, DE 19899-8772

DELAWARE DIVISION OF REVENUE
P.O. BOX 8711
WILMINGTON, DE 19899-8711

**MAKE CHECKS PAYABLE TO: DELAWARE DIVISION OF REVENUE
REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN**